

CHILD INFORMATION FORM

*** This form must be completed and returned by the first day of the program.
Children will not be allowed to participate without completed forms***

Child Information

Name: _____

Birthdate: ____/____/____ Age: ____ Grade: ____

Height ____ Weight ____ Hair ____ Eye ____

Address: _____

Parent/Guardian Information

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Address: _____

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Address: _____

Emergency Contact Information

Please list people who may be contacted to pick up your child if the primary guardian cannot be reached in case of an emergency. Emergency contacts will be required to sign out your child and to show I.D. at the time of pick up. *People not listed here will not be allowed to sign out children*

1. Name: _____

Relation: _____

(h)phone: _____ (w/c): _____

2. Name: _____

Relation: _____

(h)phone: _____ (w/c): _____

3. Name: _____

Relation: _____

(h)phone: _____ (w/c): _____

4. Name: _____

Relation: _____

(h)phone: _____ (w/c): _____

Health Information

1) Child's Current Health: ____ Good ____ Fair

2) Please explain any health impairments or serious illness which may affect your child's participation in camp activities (i.e. asthma, diabetes, allergies):

3) Doctor or nurse signature _____

4) Does your child require the administration of medication during the camp day? __Y __N

* If Yes, you must fill out the separate Medication Form

Health Insurance Information

1) Health Insurance Co: _____

Policy # : _____

Phone : _____

Address : _____

2) Primary Physician: _____

Phone : _____

Address : _____

Photo Release

May LSSE use photos of your child(ren) for our brochure, Web site and for promotional use?

__ Yes __ No Signature _____

End of Day Routine

Please specify how your child will be getting home at the end of each camp day.

__ Parent Pick-Up
__ Extended Day Parent Pick-Up
__ Bus (Specify bus stop): _____

FIRST AID & PARTICIPATION

1) First Aid

Inclusive of the dates _____ through _____, while my child _____ (child's name) is participating in the LSSE programs, I _____ (parent/guardian), do hereby give the LSSE staff permission to administer minor first aid to my child and/or acquire emergency medical treatment (i.e. ambulance) at their discretion.

Parent/guardian signature

Date

2) Participation

I give permission for my child _____ to participate in all day camp/after school activities, including but not limited to games, sports, hikes, art, cooking, swimming, special events, field trips, and to attend activities and performances off of school grounds. I understand that Amherst Leisure Services and Supplemental Education Department does not provide accident or hospitalization insurance for any program participants. I also understand that all participants are strongly advised to have adequate personal coverage and that participation in all department programs shall be at their own risk. Further, I hereby waive and release any and all rights and claims for lost items or damages against LSSE and the Town of Amherst, its representatives, successors, and assigns for any and all injuries suffered by my child or dependent while engaged in program activities.

Parent/guardian signature

Date

CHILD PERSONAL FACT SECTION

1. Child's Preferred Name: _____ Age: _____

Siblings and Ages _____

2. Please list your child's hobbies or special interests that you would like us to incorporate in camp activities or discussions: _____

3. Please list topics that your child is NOT comfortable discussing or that you prefer our staff not to incorporate in activities or discussion: _____

4. Are there any other personal characteristics that you would like us to know about your child?

